DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTICAL HEAD UNI	T AND OPTICAL INF	FORMATION WRITING/RE	ADING DEVIC	E	
the application of which II is attached hereto	OR	☐ was filed on as United States Application Number or PCT International Application Number (Confirmation No), and was amended on (if applicable).			
I hereby state that I have reviewe by any amendment specifically re		tents of the above identified	application, incl	luding the clair	ns, as amended
I acknowledge the duty to disc continuation-in-part application(s) the national or PCT international), material information w	hich became available between	as defined in een the filing da	37 CFR 1.56 te of the prior	, including fo application and
I hereby claim foreign priority be or plant breeder's rights certificat than the United States of Americ patent, inventor's or plant breeder application on which priority is cl	te(s), or 365(a) of any PC a, listed below and have s's rights certificate(s), or	T international application(s also identified below, by ch	 s) which designated ecking the box, 	ted at least on any foreign ap	e country other
Prior Foreign Application Numbe	r(s) Country	y Foreign Filir	ng Date	Priority Claimed Yes No	
323012/2002	Japan	(Day/Mon 6/11/20	th/Year)	Ä	<u>No</u>
I hereby claim domestic priority b States provisional application(s), insofar as the subject matter of International application in the mater to disclose any information mater filing date of the prior application	or §365(c) of any PCT. In each of the claims of the anner provided by the first rial to the patentability of	nternational application(s) de this application is not discl st paragraph of Title 35, Unit this application as defined i	esignating the Uniosed in a listed ted States Code, in 37 C.F.R. 1.50	nited States, lis prior United §112, I acknow	sted below and States or PCT wledge my duty
Prior U.S. or International Applica	ation Number(s)	U.S. or International Filing Date	te	Statu	ıs
I hereby appoint all attorneys of S my attorneys to prosecute this ap therewith, recognizing that the sp discretion of Sughrue Mion, PLL the same USPTO Customer Number 1	oplication and to transact becific attorneys listed un C, and request that all co	all business in the United Sider that Customer Number in	States Patent and may be changed	Trademark O from time to t	ffice connected ime at the sole

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PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:							
Given Name (first and middle [if any]) RYUICH	Family Name or Surname KATAYAMA						
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NAME OF SECOND INVENTOR:							
Given Name (first and middle [if any])	Family Name or Surname						
Inventor's Signature		Date					
Residence: City	State	Country Citizenship		Citizenship			
Mailing Address:							
City	State	Zip Co		Country			
NAME OF THIRD INVENTOR:							
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature		Date					
Residence: City	State	Country Citiz		Citizenship			
Mailing Address:							
City	State	Zip Country		Country			
NAME OF FOURTH INVENTOR:							
Given Name (first and middle [if any])	Family Name or Surname						
Inventor's Signature		Date					
Residence: City	State	Country Citizenship		Citizenship			
Mailing Address:							
City	State State	Zip Country		Country			
NAME OF FIFTH INVENTOR:		•					
Given Name							
(first and middle [if any])		Family Name or Surname					
Inventor's Signature		Date					
Residence: City	State	Country		Citizenship			
Mailing Address:		,					
City	State	Zin		Country			